

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARKANSAS

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Termination of Provider Agreement: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

(Will use the criteria and  
notice requirements specified  
in the regulation.)

STATE	<i>Arkansas</i>	A
DATE REC'D	JUL 03 1995	
DATE APP'D	SEP 29 1995	
DATE EFF	JUL 01 1995	
HCFA 179	95-20	

TN No. 95-20  
Supersedes 90-15  
TN No. 90-15

Approval Date: 9/29/95

Effective Date: 7/1/95